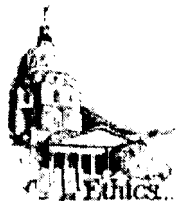


[Print this form](#) or [Go Back](#)



**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is an (Check one) **Initial Appointment** **Amended Statement**

Candidate Candidate Name: **Mark Leenerts**
Address: **5735 SW Mission Ave.**
Address2:
City: **Topeka** Zip: **66610**
Home Phone: **(785) 478-4561** Business Phone: Cell Phone:
County: **Shawnee** Email Address: **mark@leenertsforhouse.com**
Office Sought: **State Representative** District No.: **52**

Treasurer Date Appointed: **05/06/2016**
Treasurer Name: **Bob Meissner**
Address: **2205 SW Millers Glen Dr.**
Address2:
City: **Topeka** State: **KS** Zip: **66614**
Home Telephone: **(785) 379-0540** Business Phone: Cell Phone:
Email Address: **drbobmeissner@yahoo.com**

Candidate Date Appointed:
Committee Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **7/8/2016 9:43:27 PM** Signature of Candidate: **Mark A. Leenerts**

[Print this form](#) or [Go Back](#)

**APPOINTMENT OF
TREASURER OR CANDIDATE COMMITTEE FORM
FOR CANDIDATE FOR STATE OFFICE**

FILED
MAY 06 2016
KRIS W. KOBACH
SECRETARY OF STATE

This is an (Check one) Initial Appointment Amended Statement
(Please Type or Print)

CANDIDATE

Name <u>MARK LEENERTS</u>		
Street <u>5735 SW MISSION AVE</u>		
City <u>TOPEKA</u>	County <u>SHAWNEE</u>	Zip Code <u>66610</u>
Home Telephone <u>785</u>	Business Telephone	
Office Sought <u>KANSAS HOUSE</u>	District No. <u>522</u>	

TREASURER

Date Appointed <u>5/6/16</u>		
Name <u>DR. BOB MEISSNER</u>		
Address <u>2205 SW MILLERS GLEN DRIVE</u>		
City <u>TOPEKA</u>	Zip Code <u>66614</u>	
Home Telephone <u>785-379-0540</u>	Business Telephone	

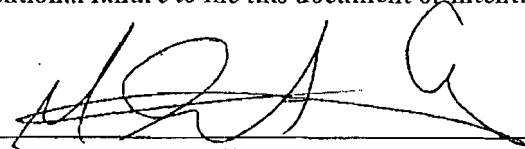
OR CANDIDATE COMMITTEE

Date Appointed		
Chairperson's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	
Treasurer's Name		
Address		
City	Zip Code	
Home Telephone	Business Telephone	

SIGNATURE

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

5/6/16
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS